**Massachusetts Psychiatric Society**
**Testimony in opposition to HB 1067 & SB 1109**

**An Act to improve access to care by removing barriers to practice for psychiatric clinical nurse specialists**

**June 19, 2017**

We submit this written testimony as practicing psychiatrists and representatives of the nearly 1700 psychiatrists who are members of the Massachusetts Psychiatric Society. We have serious concerns about **HB1067 & SB 1109** An Act to improve access to care by removing barriers to practice for psychiatric clinical nurse specialists, legislation to allow advanced practice nurses to treat adults and children who suffer from mental illness and/or substance use disorders, collectively referred to as behavioral health disorders, without psychiatric physician supervision.

House 1067 and Senate 1109 singles out the most vulnerable of our citizens with the stated belief that problems of access will be resolved through the provision of unsupervised practice of Psychiatric Clinical Nurse Specialists or Advanced Practice Nurses (APN). We object to this on several grounds and strongly believe that this bill will adversely affect patient safety and quality of care while not improving access. In addition, this bill violates parity laws that prohibit treating people who suffer from psychiatric disorders differently from those with other medical conditions.

Patient safety and quality care are the cornerstone of the practice of medicine in all disciplines. Psychiatry is a field of medicine dedicated to the behavioral health and psychiatric care of vulnerable adults and children whose illnesses are complex by their nature and who frequently suffer from other psychiatric, substance use and/or medical disorders. These illnesses affect not only the person who suffers from them but their families, friends, and loved ones. We believe that the person who is ill and those who care for and care about him or her should have access to the highest quality care to treatment the behavioral health disorders.

The current system of collaborative care in a physician led team has safeguards for patients. This system with a psychiatrist supervising and assuming responsibility for the care provided by advanced practice nurses ensures that all patients are treated by a psychiatrist or by a clinician supervised by a psychiatrist, who has the necessary expertise for quality care that leads to optimal patient safety. The clinical presentation of psychiatric illness is complicated and it is essential that all non-psychiatric medical presentations be properly diagnosed before treatment for a psychiatric disorder is initiated. This diagnostic and therapeutic knowledge is learned through years of a broad medical school education and four years of psychiatric specialization training. Additional years training may be completed if fellowships are completed. Psychiatric residency mandates training in internal medicine, family medicine or pediatrics and neurology, as well as, extensive training in psychiatry. The pharmacology of medications that treat psychiatric illness are among the most complex, both in their own right but also in combination with other psychiatric and non-psychiatric medications with potential for serious and at times fatal consequences. Given both the diagnostic challenges and the pharmacological complexity of

treating psychiatric illness, we question the wisdom of changing the current supervision safeguards to protect our most vulnerable citizens.

Collaboration between psychiatrists and Psychiatric Clinical Nurse Specialists or an APN is beneficial for patients, their loved ones and for the behavioral health field. The majority of psychiatrist supervision of Psychiatric Clinical Nurse Specialists or an APN is in systems of care including hospitals inpatient and outpatient services, day hospitals, clinics, and community health centers. This inter-disciplinary team approach, often with an electronic medical record, allows for close collaboration with frequent consultation between Psychiatric Clinical Nurse Specialists or an APN and psychiatrists to provide high quality care for patients. Some Psychiatric Clinical Nurse Specialists or an APN are in private practice settings and meet the minimal requirement for supervision. While this minimal supervision is less robust than that provided in a more organized system of care, the requirement is sufficiently low as to have no significant increase in access if supervision is not mandated. Independence practice for Psychiatric Clinical Nurse Specialists or an APN's in these clinical settings are particularly concerning as no oversight or monitoring will occur.

A comparison of the current educational and training mandates for each provider reveals the differences in expertise for the treatment of our citizens, who suffer from behavioral health disorders.

- Advanced Practice Nurses
    - Graduates of a 4-year Bachelor of Nursing program or a 2-year Associate Degree in Nursing program who pass the nursing licensing degree may matriculate into 2-year Master of Nursing program for advanced practice.
    - A Master of Nursing degree program has one year of classroom studies and one year of composed on one classroom course, a thesis, and 480 required hours of supervised clinical training by an licensed APN
    - Upon completion of the Master of Nursing Program, a board examination of required and must be passed for a license to practice

- Psychiatrist
    - After completing a 4-year undergraduate program with specific requirements for biology, inorganic and organic chemistry, and physics and a standardized test (MCAT) that measures knowledge in basic sciences and reading, a graduate with a Bachelor degree may be accepted to medical school.
    - Medical school is a 4-years curriculum that has 2 years of classroom courses that focus on the sciences, public health, and knowledge necessary for medical practice. Two years of supervised clinical learning across a broad range of medical fields is required. Clinical supervision is provided by licensed physicians with specialization in the field of study (e.g., Psychiatry for the required psychiatry rotation, Internal Medicine for the required internal medicine rotation). Medical students are required to pass the first and/or second 2 part licensing exams (USMLE) prior to graduation.
    - The USMLE is a 3-part examination with Step 1 assessing basic science knowledge, Step 2 testing both cognitive knowledge of clinical practice and a

Clinical Skills assessment by observed patient interviews, and Step 3, which is taken during or after the internship, assesses medical knowledge and clinical care. Successful completion is required for state licensure.

- A graduate of medical school may apply to enter a 4-year Psychiatry Residency Program. The education and training requirements to become a psychiatrist are:
  - At least 4 months of supervised clinical training in Primary Care Medicine (e.g., Internal Medicine, Family Medicine or Pediatric Medicine). This is on average approximately 1300 hours of supervised clinical care in Primary Care Medicine
  - 2 months of supervised clinical training in Neurology; on average approximately 500 hours of clinical supervised care
  - 3.5 years of supervised clinical training in Psychiatry that includes inpatient, outpatient, emergency, addiction, geriatric, consultation-liaison, forensic, child and adolescent, community training, as well as, specific training in psychopharmacology and a board range of therapies, including supportive therapy, dynamic therapy, cognitive-behavioral therapy, short-term therapies, group therapy, family therapy, and the use of combined psychopharmacology and therapy. This is on average approximately 10,000 hours of supervised clinical training in psychiatry. In addition, residents have on average 700 additional classroom courses. Residents have extensive experience in working on interdisciplinary teams throughout the 10,000 hours of supervised training.
  - Upon completion of training, a national certificating examination is taken to achieve American Board of Psychiatry and Neurology Certification in Psychiatry.
  - Some graduates complete an additional one or 2 years of training in a fellowship program to subspecialize that is at least 600 hours per year of fellowship supervised clinical training. A subspecialty ABPN examination follows.

In summary, the supervised clinical training to become a psychiatrist is on average 12,000 hours while an Advance Practice Nurse is 480 hours.

For review of medical education, residency training requirements and licensing exams please see the following websites:

http://www.aamc.org
https://www.aamc.org/students/applying/mcat/
http://www.usmle.org
http://acgme.org/acgmeweb/tabid/147/ProgramandInstitutionalGuidelines/MedicalAccreditation/Psychiatry.aspx
http://abpn.com

The issue of access is purported to be solved by the removal of supervision requirements for Advanced Practice Nurses. This argument is not supported by the facts. The current requirements for supervision of APN by a psychiatrist are:

- Quarterly review of the Advance Practice Nurse cases by a psychiatrist
- An agreement between the two parties regarding the need for additional consultation
- Psychiatrist approval and signing orders for Schedule II prescriptions (e.g., amphetamines and opioid pain medications)
- The Advance Practice Nurse maintains a log of all reviewed cases

Common practice in psychiatric clinics and hospitals requires higher levels of supervised clinical practice of APN, who work as members of inter-disciplinary teams, to ensure patient safety and quality patient care. The minimal mandated requirements that must be met by an Psychiatric Clinical Nurse Specialists or an APN working in more independent settings (e.g., private practice) are sufficiently minimal that their removal will not add significant hours of patient care access.

The issue of access to care for citizens with behavioral health disorders is a serious concern that must be addressed legislatively. This bill does not address the problems of access to quality comprehensive behavioral health care. The reasons for access problems, especially among the most seriously and persistently mentally ill, are multi-factorial. A solution to the problem of access will not be met by permitting unsupervised practice by Psychiatric Clinical Nurse Specialists or an APNs Patient care previously provided by the Department of Mental Health has undergone decades of reductions and cost shifting to the private sector. These changes have left many seriously ill patients without the once robust system of care with care coordination that ensured access and receipt of care. The HMO model of the past decades has reduced lengths of stays for acutely ill inpatients and created a system of care dependent on polypharmacy to gain longer, necessary lengths of stays for immediate patient safety. This model of care has left many patients and their loved ones with fewer days of quality of life, as patients are discharged prematurely and still very ill to outpatient providers and the patients are more frequently re-admitted. The payment structure, particularly in MassHealth and its Connector products, does not adequately compensate for the complexity of care for these very ill patients. These practice and payment restricts are predominant factors, coupled with the high cost of living, that affect the psychiatric workforce in Massachusetts.

The access problem does affect all citizens but it is most acute for those with severe and chronic illness. While there is no immediate solution to the problems that have taken decades to create, it is clear that access will not increase with removal of mandated supervised clinical practice of Psychiatric Clinical Nurse Specialists or an APN. The chronically mentally ill will remain in systems of medical and psychiatric care with closely monitored and valued supervision of Psychiatric Clinical Nurse Specialists or an APN to meet the needs of this complex population. The care within private practices where access to care for the privately insured or private pay is much less of an issue. These practices will not see an increase access both because number of hours of supervision is minimal and private practices typically do not participate in MassHealth and it Connector products.

It is worth noting that the psychiatrists and Psychiatric Clinical Nurse Specialists or an APNs who care for the most severely psychiatrically ill citizens of our Commonwealth are the most poorly paid for their services. Providers who treat citizens who remain able to work, have private

insurance, or are able to pay out of pocket, are paid at higher rates for services provided to patients that typically have less severe illness and therefore treatment that requires less complexity.

The removal of supervision by psychiatrists of the care provided by advance practice nurses will adversely affect patient safety and quality of care without enhancing access. We appreciate the opportunity to present the concerns of practicing psychiatrists regarding this bill and strongly urge you to oppose **HB1067 and SB 1109** An Act to improve access to care by removing barriers to practice for psychiatric clinical nurse specialists.